

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	10/511558

CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	/					
11	/					
12	/					
13	/					
14	/					
15	/					
16	/					
17	/					
18	/					
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20	/					
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23	-					
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25	/					
26	/					
27	/					
28	/					
29	/					
30	/					
31	/					
32	/					
33	/					
34	/					
35	/					
36	/					
37	/					
38	/					
39	/					
40	/					
41	/					
42	/					
43	-					
44	-					
45	-					
46						
47						
48						
49						
50						
TOTAL IND.	3					
TOTAL DEP.	33					
TOTAL CLAIMS	37					

NO.	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS